## DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE OP ID J1 ACORD.. MTSME 01 02/06/06 PRODUCER THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR Brown & Brown Ins of NV, Inc. ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. 2340 Corporate Circle Henderson NV 89074 Phone: 702-597-5110 Fax:702-597-0159 INSURERS AFFORDING COVERAGE NAIC# INSURED INSURER A: 36940 Indian Harbor Insurance Co. INSURER B: Greenwich Insurance Co. Milum Textile Services Co. dba MTS Medical Waste Management 333 N. 7th Ave. Phoenix AZ 85001 INSURER C: INSURER D INSURER E: COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR ADD'U LTR INSRD POLICY EFFECTIVE | POLICY EXPIRATION DATE (MM/DD/YY) **POLICY NUMBER** LIMITS TYPE OF INSURANCE EACH OCCURRENCE \$1,000,000 **GENERAL LIABILITY** DAMAGE TO RENTED PREMISES (Ea occurence) $\mathbf{x}$ COMMERCIAL GENERAL LIABILITY GEC0019293 08/26/05 08/26/06 \$100,000 A CLAIMS MADE | X | OCCUR s 5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY \$1,000 BI/PD DEDUCTIBLE \$ 2,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG PRO-JECT X POLICY LOC AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) s 1,000,000 08/26/06 AEC0019294 08/26/05 В X ANY AUTO ALL OWNED AUTOS \$2,500 BI/PD DEDUCTIBLE BODILY INJURY (Per person) SCHEDULED AUTOS HIRED AUTOS BODILY INJURY (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) S **GARAGE LIABILITY** AUTO ONLY - EA ACCIDENT \$ EA ACC ANY AUTO OTHER THAN AUTO ONLY: EACH OCCURRENCE \$5,000,000 **EXCESS/UMBRELLA LIABILITY** 08/26/05 08/26/06 AGGREGATE \$5,000,000 В OCCUR CLAIMS MADE **UEC0019295** DEDUCTIBLE \$ 5 \$10,000 RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ lf yes, describe under SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT OTHER 08/26/05 08/26/06 \$1,000,000 Pollution PEC0019296 Each Loss \$25,000 RETENTION Aggregate \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Evidence of Insurance **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION EVI2004 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL Evidence of Insurance IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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**CERTIFICATE HOLDER** STATEAZ

> State of Arizona and DPS 2 RP P.O. Box 6638-MD 1330 Phoenix AZ 85005-6638

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE line Drun